PTO/SB/06 (08-03)
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to a collection of information unless it displays a valid OMB coalest in the Under the Paperwork Reduction Act of 1995, no persons are required to respon

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 4		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUM	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
	SIC FEE CFR 1.16(a))							s	OR	10.12	
10	TAL CLAIMS CFR 1.16(c))		minus 20 =					<u> </u>			'
IND	EPENDENT CLAIR	WS .				ĺ	X \$=		OR	× s=	
\vdash	CFR 1.16(b))		minus 3 = *				X \$=		OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						ł	+\$=		OR	+5=	
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
-	(Column 1) (Column 2) (Column 3)					SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY		
MENDMENT A	Filed	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE				
	6/29/05	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		IVA) E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1,16(c))	9	Minus	<u>"ఎ3_</u>	Δ		x s=		OR	x \$=	
	Independent (37 CFR 1.16(b))	' /	Minus	<u>ح</u> "	$ \Psi $		x s=		OR	x \$=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))						+ 5=		OR	+\$ =	
						, ,	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)					,	
AMENDMENT B	ilbolo	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	· &	Minus	<u>" 233</u>	=		x s =		OR	X\$ =	1
	independent (37 CFR 1.16(b))	. 1	Minus	-5	=		x s =		OR	x s =	\
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+ \$ =		OR	+5 =	\
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
MENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.18(4)	•	Minus	4.	2		x s=		OR	X \$=	
	independent (37 CFR 1,15(b))	•	Minus	***	=		x s=		OR	X \$ =	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ 5=	
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"											
"In the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20". "If the "Highest Number Previously Paid For" IT rtd or Independent is the highest number (sund in the previously Paid For" (Trtd or Independent is the highest number (sund in the previously Paid For" (Trtd or Independent is the highest number (sund in the previously Paid For" (Trtd or Independent is the highest number (sund in the previously Paid For" (Trtd or Independent is the previously Paid For Independent is the Paid For Independent is t											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.